

COMBINED DECLARATION AND POWER OF ATTORNEY
(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL,
DIVISIONAL, CONTINUATION, OR C-I-P)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type:

- ☒ Original (nonprovisional)
- ☐ Design
- ☐ Supplemental
- ☐ National Stage of PCT
- ☐ Divisional
- ☐ Continuation
- ☐ Continuation-In-Part (CIP)

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

METHOD AND APPARATUS FOR TRUSS ROLLOUT

SPECIFICATION IDENTIFICATION

the specification of which:

- (a) ☒ is attached hereto.
- (b) ☐ was filed on _____ as Serial No.: _____.
- (c) ☐ was described and claimed in PCT International Application No. _____ filed on _____ and as amended under PCT Article 19 on _____.

SUPPLEMENTAL DECLARATION (37 CFR § 1.67(b))

- ☐ I hereby declare that the subject matter of the
 - ☐ attached amendment
 - ☐ amendment filed on _____

was part of my/our invention and was invented before the filing date of the original application, above-identified, for such invention.

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56. and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent, and

I do not know and do not believe that the invention was ever known or used in the United States of America before my invention thereof.

I do not know and do not believe that the invention was ever patented or described in any printed publication in any country before my invention thereof or more than one year prior to this application, considering the benefit of any priority claimed hereinbelow.

I do not know and do not believe that the invention was in public use or on sale in the United States of America more than one year prior to this application, considering the benefit of any priority claimed hereinbelow.

☐ in compliance with this duty, there is attached an Information Disclosure Statement, in accordance with 37 C.F.R. § 1.98.

PRIORITY CLAIM (35 U.S.C. §§ 119(a) - (d))

I hereby claim foreign priority benefits under Title 35, United States Code, §§ 119(a)-(d) of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

- (d) ☒ no such applications have been filed.
(e) ☐ such applications have been filed as follows:

**PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION AND ANY
PRIORITY CLAIMS UNDER 35 U.S.C. § 119(a)-(d))**

COUNTRY (or indicate if PCT)	APPLICATION NUMBER	DATE OF FILING (day/mon/yr)	PRIORITY CLAIMS UNDER 37 USC 119
			___ YES ___ NO
			___ YES ___ NO

**CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL
APPLICATION(S) (35 U.S.C. § 119(e))**

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

PROVISIONAL APPLICATION NUMBER

FILING DATE

**CLAIM FOR BENEFIT OF EARLIER US/PCT
APPLICATION(S) UNDER 35 U.S.C. § 120**

- ☐ The claim for benefit of any such applications are set forth in the attached ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR CONTINUATION-IN-PART (CIP) APPLICATION.

**ALL FOREIGN APPLICATION(S), IF ANY, FILED
MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR
TO THIS U.S. APPLICATION**

POWER OF ATTORNEY

I hereby appoint the following practitioner to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

R. REAMS GOODLOE, JR.
Reg. No.: 32,466

I hereby appoint the practitioner associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Send correspondence to:

R. Reams Goodloe, Jr.

24722 - 104th Avenue S.E.
Suite 102
Kent, Washington, 98030-5322

Direct telephone calls to:

R. Reams Goodloe, Jr.
(253) 859-9128

Customer Number: 20793

☐ Since this is a ☐ continuation ☐ divisional, there is attached hereto a **Change of Correspondence Address** so that there will be no question as to where the PTO should direct all correspondence.

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor:

HARV		LILLEGARD
GIVEN NAME	MIDDLE INITIAL OR NAME	FAMILY (OR LAST NAME)

Inventor's Signature: *Harv Lillegard*

Date: 11/27/03 Country of Citizenship: US

Residence: 704 Cherry Road, Montesano, Washington 98563

Post Office Address: same as above

Full name of second joint inventor (if any):

GIVEN NAME	MIDDLE INITIAL OR NAME	FAMILY (OR LAST NAME)

Inventor's Signature: _____

Date: _____ Country of Citizenship US

Residence: _____

Post Office Address: same as above

- ☐ Signature for fourth and subsequent joint inventors.
Number of pages added ____.
- ☐ Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (CIP) application. Number of pages added ____.

☒ This declaration ends with this page.